

## And Record of Medical Science.

[No. 6.]

## CLINICAL LECTURES AND REPORTS.

### RECAPITULATION.

The case was also instructive as exhibiting the confluent form of the pustular eruption produced by the tartrate of antimony and potassa, when applied to the skin; which, if seen for the first time, without a knowledge of the cause, might prove embarrassing in diagnosis to the young practitioner, and he ought, therefore, to be familiar with its appearance. The ointment had been applied to the neck for subacute pharyngitis, which had yielded under its use.

A simple cell or vesicle is the very initiatory development, the *genesis* of every structure, in both the animal and vegetable kingdoms.—*Dr. Power.*

## HYDROPIA CACHEXIA.

The case of hydropic cachexia presented at the last clinic—in which diagnosis by exclusion had failed to detect any functional derangement to account for the effusion, and which was concluded to be as much a case of idiopathic dropsy as any that fall under attention, and therefore better adapted to exhibit the effects of the treatment proper to be instituted in such cases, than any of the others at present in the wards—was again exhibited to the class. Under the treatment then directed, the case is fast approaching a cure; the fluctuation in the abdomen and œdema of the extremities have entirely disappeared, and the manifest improvement in the patient's whole condition exhibits the propriety with which the remedies have been prescribed and administered.

The Professor remarked, that as an hydropic diathesis evidently exists in this case, it will be necessary to overcome the tendency to the re-accumulation of fluid by diuretics, combined with a tonic regimen, and the observance of strict sobriety on the part of the patient, whose habits had been previously irregular.

## AORTIC ANEURISM.

Modern observation shows, that the occurrence of internal aneurism is more frequent than was once supposed. There have been three cases in the wards of this Hospital, under the charge of the lecturer, since the commencement of the clinical year. He attributes this apparently greater frequency to the extreme difficulty in many cases in diagnosing, especially prior to the introduction of the study of the physical signs, which afford us the strongest evidence, and often the only evidence, of the existence of the disease.

Internal aneurisms may be divided into five varieties.

First.—*Simple aneurism*, consisting of a simple general dilatation of the whole circumference of an arterial vessel.

Secondly.—*True aneurism*, in which, by the dilatation of the coats of a vessel in some circumscribed part, a sack or pouch is formed.

Thirdly.—*False aneurism*, when, by a rupture of the inner and middle coats, the cellular coat alone becomes distended.

Fourthly.—*Mixed aneurism*, in which the false becomes engrafted, as it were, upon the true, by a rupture of the inner and middle coats of the latter; and,

Fifthly.—*Dissecting aneurism*, produced by a giving way of the inner coat, whereby the blood separates the fibres of the middle coat, between which the blood forms itself a channel, and which, the lecturer said, had been well described by his friend and former colleague, Dr. Pennock; and, more recently, by Dr. Peacock, in the Edinburgh Medical and Surgical Journal for October, 1843.

In consequence of the greater pressure of the blood, aneurisms are most frequently formed in the ascending aorta, with the exception of the false, which being generally the result of mechanical violence, is most commonly seen in the descending. The Professor thinks that a morbid softening of the inner coats, especially, probably the result of *endo-aortitis*, always precedes the occurrence of aneurisms; acting either as the sole cause, or in concurrence with a diseased condition—as hypertrophy—of the heart.

In the diagnosis of these affections, the functional

phenomena are most fallacious; none being present that may not be referred to other causes. It is upon the physical signs, taken along with the history of the case, that dependence alone can be placed. Thus the dyspnoea resulting from pressure of the tumour upon the air passages, might be owing to bronchitis or to pneumonia; and the tumefaction of the chest, to internal abscess, or to encephaloid degeneration of the lung, to which pulsation might be communicated by contact with the great vessels:—in short, none of the functional expressions afford any satisfactory basis for diagnosis: hence the necessity for extreme care in the discrimination; and, after all, dissection alone, at times, reveals the true nature of the case.

The prognosis in internal aneurism is always unfavourable, as the vessel will, in most cases, continue to expand, until rupture from ulceration or excessive tension causes the death of the patient from internal hæmorrhage. Cases of spontaneous cure are certainly rare.

Illustrative of these remarks, the Professor directed the attention of the class to cases at present in the wards; and, subsequently, to a marked pathological specimen from one which had just terminated fatally, of the history of which the following is an abstract:

Caroline W—, æt. 40, was admitted into the wards on the 26th of January. Her health had been feeble for some time, and she had suffered from palpitation and shortness of breath on making exertion. When admitted, she complained of acute pain in the left axilla, and expectorated mucus tinged with blood. A short time after this, she was seized with hæmatemesis, which occurred in the morning, followed by hæmoptysis in the evening,—transudations which indicated obstruction of the circulation. Pain and tenderness on pressure were experienced over the second rib of the right side, at its sternal junction. Percussion, on the right side, was dull throughout; on the left, there was slight dulness over the lower lobe: posteriorly the heart did not appear notably enlarged. On auscultation, the respiratory murmur could be heard over the entire left lung, mingled, however, with a sub-mucous *râle* at the posterior inferior part. Over the right, anteriorly, increased resonance of the voice; posteriorly, slight vesicular murmur was audible. The sounds of the heart were distinctly heard, the first being roughened. A tumour existed on the right side, near the sternum, over which the sounds of the heart and its pulsations could be distinguished, but in which there was no aneurismal thrill. She was treated by revellents, &c., for the pain in the axilla, under which slight improvement was evinced, until the night of January 31, when she was seized with excessive dyspnoea; increased pain; with manifest enlargement of the tumour. On the following morning, she first came under the Professor's notice, when he found the pulsation in the tumour obscure, and the sounds of the heart indefinable and indistinct,—a confused, rumbling noise only being heard. Although she was too feeble to admit of close examination, an aortic aneurism was presumed to exist. On the following day she became insensible, and remained in this state until the fourth of February, when she expired.

The necropsy revealed the existence of an aneurismal tumour of the aorta, of the size of the head of the fœtus at term. This was found to be a true aneurism, and occupied nearly the whole of the right side of the chest; the lung being compressed, and the lower lobe almost entirely consolidated. At the bottom of the sac was found the orifice, through



which blood had escaped into the cavity of the pleura. The heart was somewhat dilated, but not hypertrophied; the aorta was rough and lined by a deposit of ossific matter, some of the scales of which were as large as a quarter of a dollar; the lining membrane of the sac was also studded with ossific matter, proving its identity with the inner coat of the aorta; the orifice by which the aneurism communicated with the aorta, was one inch and a half in diameter. The sac was filled with dense coagula, separable into laminae, from the outermost of which the red corpuscles had been almost entirely removed by absorption.

## PNEUMONITIC ABSCESS.

The attention of the class was lastly directed to another pathological specimen, presented by the dissection of the case of pneumonitic abscess which had been previously noticed by the Professor, (p. 28;) and which had passed through the various stages then prognosticated to its fatal termination.

The left lung presented, anteriorly, a very extensive superficial abscess, from which the patient had expectorated, at times, a pint of purulent matter per day. Tuberculous depositions had taken place in various parts of both lungs: and, at the top of the left, they had proceeded to the formation of a cavity. Both lungs were distinctly hypertrophied.

## BIBLIOGRAPHICAL NOTICES.

*Lectures on the more important Diseases of the Thoracic and Abdominal Viscera, Delivered in the University of Pennsylvania.* By N. CHAPMAN, M. D., Professor of the Theory and Practice of Medicine, etc. etc. Philadelphia: Lea and Blanchard. 1844. Octavo. pp. 383.

"ESSENTIALLY does this work consist of lectures, which have been publicly delivered," is the initiatory remark of the author in his preface to this publication. It is known, probably, to most of our readers, that the distinguished author is not among the *changeable* people of our day, and at his period of life, especially, most men are little liable to be carried away by the novelties and innovations of the younger and more restless spirits of the age. No one will be surprised, therefore, who has sat, like ourselves, at the feet of this Gamaliel, to find the language and the views he was wont to listen to in the days of his youth, put forth in this latter work with all the earnestness of long cherished conviction. Beside the opportunities afforded of becoming acquainted with the author's opinions, in the manner alluded to, some of the articles contained in the work "have previously appeared in one or more of our Medical Journals," and must, therefore, be familiar to a large portion of our readers. On this account, as well as our restricted limits, our notice of it will be confined to a few passing remarks.

The subjects treated of in this work, although not numerous, are among the more interesting of those embraced in the practice of medicine. On some points the author's opinions, if not very recently formed, are at least *peculiar*, and the style in which they are conveyed eminently so. One of his peculiar opinions is expressed in the following paragraph:—"As prone to consumption as most parts of the world, scrofula is seldom or never generated among us; the disease which we occasionally

see being chiefly in foreigners or their immediate descendants."—Page 25.

When we consider that a large portion of the inhabitants of this country are "foreigners or their immediate descendants," it is not strange that a very large number of the cases of disease of every type should happen among such; but that scrofula does not occur among the natives and descendants of natives, is not at all accordant with our experience, or the experience of any respectable member of the profession with whom we have conversed on the subject.

In regard to percussion and auscultation, as means of discovering the condition of the organs of the chest, we have read with surprise the following remark:—"Both it (percussion) and auscultation seem of late to be gradually losing much of their former cordiality of support, and by many are treated contemptuously. Details I cannot give."—Page 40.

We had thought that these means of diagnosing diseases of the thorax in particular, were really growing in favour with the profession as they become better understood, and were quite of opinion that they were treated contemptuously only by those who found it easier to sneer than to learn. For ourselves we make no great pretension to skill in their use, but we have seen enough to cause us to repose confidence in the conclusions of some whose opportunities have been greater than our own for acquiring tact in their employment, and we are glad to discover, from other passages, that our author still regards them "as important auxiliaries in the exploration of diseases of the chest."

Beside these and some other peculiarities of a like character, we find also occasional errors, some of which are rather unaccountable. For instance, in speaking of the excellent and accomplished Dr. Baillie, he is called *Sir* Mathew Baillie. This we think is a mistake; the title we believe was never conferred on him, although it often has been on men much his inferiors, in and out of the profession.

Page 153, referring to John Hunter, the author remarks:—"Naturally very irascible, he got into a quarrel with Gunning, an old wayward surgeon, one of his colleagues at St. Georges Hospital, *about the treatment of a compound fracture*, for whom entertaining great contempt, his anger became exasperated to rage, and down he fell, and soon expired. This anecdote I derived from the late Professor Physick, then one of his pupils, who, I think, witnessed the occurrence." This statement contains several errors. In the first place, Dr. Physick, according to the memoir of his life and character by his son-in-law, Dr. Randolph, "returned to his native country in Sept., 1792," and Hunter died in Oct., 1793,—13 months after Dr. P.'s departure from Europe. In regard to Hunter, the manner of his death was as follows:—The Governors of St. Georges Hospital, of which he was one of the surgeons, had adopted a regulation by which none were admitted as pupils without previous medical instruction. Two young men from the country applied to Hunter to be admitted as pupils to the Hospital, under him, without such preparation. Hunter endeavoured to procure their admission, contrary to the regulation referred to, and for that purpose presented the memorial of the young men to the board, and, "in the course of his remarks on the occasion, he made some observations which one of his colleagues thought it



necessary instantly and flatly to contradict. Hunter immediately ceased speaking, retired from the table, and, struggling to suppress the tumult of his passion, hurried into the adjoining room, which he had scarcely reached, when, with a deep groan, he fell lifeless into the arms of Dr. Robertson, one of the Physicians of the Hospital, who chanced to be present."—*Life of John Hunter, by Drewry Ottley, Philadelphia Ed.*

Among his other dislikes in regard to modern improvements, real and imaginary, the author exhibits a proper abhorrence of Thompsonism and Homœopathy. In reference to the latter, after some remarks on the absurdity of it, both in theory and practice, he thus discourses of the knavery of its pretenders:—"Nor longer ought it to be concealed that those mercenary miscreants, perceiving a loss of public confidence in the utter inertness of the original practice, and particularly in the avowed infinitesimal doses of medicines, are whirling around into the opposite extreme—now resorting to the most active, and in exorbitant quantities. The articles to which they are at present devoted—arsenic, veratrina, and aconite—are the most deleterious, when incautiously directed, of the whole *Materia Medica*. But 'fools rush in where angels fear to tread.'" To all this we say amen! and right glad are we to have such testimony on the subject.

The remarks of the author on the incurability of confirmed consumption, and the baseness of those who proclaim the contrary for filthy lucre, are worthy of all praise; nor are his observations less deserving of attention in reference to the nature and influence of the climate in the United States, on pulmonary diseases:—"Many still entertain the opinion that it is not prudent to confine a patient anywhere within the boundaries of the United States during winter. Do such persons remember that our limits are nearly as wide as those of all Europe, and embrace as great diversity of climate! Taken as a whole, I believe it to be the best in the world, and portions of it, I cannot doubt, are as well adapted to the end now in view, as is attainable elsewhere. The contrary estimate of it was originally derived from the prejudices of our early settlers, since strengthened by foreigners who delight to do us injustice, and confirmed by our own acquiescence. That of Europe, which we are accustomed to commend, is the creation of a poet's fancy. 'Distance lends enchantment to the view.' There is no part of it in which the winter season is not, in reality, most horrible, and that of Britain and France, scarcely endurable."

It is indeed quite too much the custom with our physicians to direct their patients to other countries and climates when ordinary means fail. Too often "the change is for the worse, not the better;" and, instead of obtaining relief, the poor sufferer is made to endure the fatigue of travelling, the privation of all the comforts of home, and the thousand other annoyances inseparable from the change. And all for what? That his physician may be relieved from the irksome duty of attendance upon an incurable case, and the hope, against all experience, that each case may be more fortunate than all which have preceded it.

Notwithstanding the views of the author contained in the present work must be familiar, as we have said, to a large portion of the profession in this country, his high reputation, and the distinguished position he has long held as a teacher in the oldest school of medicine on the

Continent, will secure for the present volume an extensive sale and very general perusal.

*An Elementary Treatise on Human Physiology, on the basis of the Précis Elementaire De Physiologie. Par F. MAGENDIE, &c. Fifth edition, 1838. Translated, Enlarged, and illustrated with diagrams and cuts. Especially designed for the use of students of medicine. By JOHN REVERE, M. D., Professor of the Theory and Practice of Medicine in the University of the city of New York.*

The name of MAGENDIE is familiar to every tyro in physiology—since Haller, none has been more so. As an experimenter, he has displayed great perseverance, boldness, and originality. While, however, he has in this way added some important facts to the science, much that he has advanced as ascertained results, has not been confirmed by other and equally competent observers. A less overweening confidence in himself, with a juster appreciation of the labours of other people, might, in some instances at least, have saved him from the errors into which he has fallen. The work before us is emphatically MAGENDIE's Physiology, and those who read it will discover that it is an exposition of *his* particular views, not an impartial account of the science as at present received and acknowledged by the great majority of the profession. By the admirers of the author, it is praised as an *original* work; and perhaps it is as well entitled to be so regarded as any recent treatise on a science which has been long cultivated. To our mind, however, this is poor praise. The man who writes an original work on such a subject—that is, one composed wholly of materials supplied by himself,—must write a very small book, or a very large amount of nonsense. But Magendie's work, with all its faults, and it has many, does not deserve to be thus condemned. It is not *all* original; and that which is not, is far from being always the least valuable.

The additions by the Editor and Translator, supply some great deficiencies in the work, and add much to its value; but we think he has failed in his "aim to present a system of human physiology, which shall exhibit in a clear and intelligible manner the actual state of the science, and adapted to students of medicine in the United States"—we know in fact of no recent work on the subject that does not better represent the *actual state* of the science, or that is not better adapted to students of medicine, either in the United States or any where else. This, however, is the Editor's mistake, not his fault. A very little more labour than he has bestowed on his author, would have enabled him to produce a far more systematic work, exhibiting the "actual state of the science," and every way better "adapted to students of medicine."

*Drawings of the Anatomy of the Groin: with Anatomical remarks. By W. DARRACH, M.D., Professor of the Principles and Practice of Medicine, in the Medical Department of Pennsylvania College; Fellow of the College of Physicians of Philadelphia, &c. &c. Philadelphia: Lindsay & Blakiston, 1844. Second Edition.*

"The original drawings of this publication were executed by M. Chasal of Paris, from dissections made by



the Author, in the *Pavilions de l'Ecole de Medecin*, during the winter of eighteen-hundred and twenty. Those of the present edition of this work,—reduced in size,—have been executed by Mr. M. S. Weaver of Philadelphia."

The work consists of four plates, very well executed, representing the anatomy of the groin, and calculated to give to students and others right conceptions of the parts concerned in hernia.

Beside the plates, the work contains one hundred and twenty-seven pages of explanatory text, with appropriate references.

## THE MEDICAL EXAMINER.

PHILADELPHIA, MARCH 23, 1844.

### MEDICAL INSTRUCTION IN PHILADELPHIA DURING THE SUMMER MONTHS.

So numerous are the Medical Students who resort to Philadelphia for instruction, and so ample the means for prosecuting their studies advantageously, that a large number of our younger brethren find employment in teaching during the recess of the winter courses. These, far from merely iterating the lectures delivered in the Colleges, often embrace other topics, especially those who are connected with the public charities, and hence contribute in no inconsiderable degree to the enlargement and perfection of our system of medical education. To such an extent indeed are the facilities for gaining information on the various branches of medicine increased in Philadelphia, that it is impossible for one who has not had the opportunity of personal observation within a few years past to form a just conception of the present state of things. The frequent intercourse between this city and London and Paris,—personal, by letters, and the regular exchange of books and journals,—places us almost in juxtaposition with them in regard to all improvements in science and the methods of instruction, and accordingly we find every year a closer approximation in these respects, and perhaps in some instances even a too ready adoption of the novelties in opinion and practice so constantly springing up in these hot-beds of science.

To afford our distant readers some idea of the number of respectable physicians engaged in teaching in Philadelphia during the summer months, we shall note the associations now prominently announced, besides which, however, a number, we cannot say how many, of individuals, devote more or less time in the same way, without connexion with others, but all concurring to maintain for this city the proud pre-eminence which it has always enjoyed as the great seat of medical science in the western world.

#### CLINICAL INSTRUCTION,—PENNSYLVANIA HOSPITAL.

In this noble and time honoured Institution, instruction is given, didactic and clinical, during the summer months, by the physicians, Drs. Stewardson and Pepper, and Drs. Norris and Peace, Surgeons of the Hospital. The cases of recent accidents, such as contusions, fractures, dislocations, &c., are very numerous, in consequence of being received into the wards, when brought from any part of the city and surrounding country, without security or responsibility of payment on the part of

those who bring them :—from this source, and the large number of other patients constantly in the house, abundant materials are afforded for complete courses of clinical instruction.

#### PHILADELPHIA DISPENSARY.

The sphere of this Charity extends to the limits of the city proper. Patients who are able to walk, attend at the Dispensary in South Fifth street, every afternoon, and are prescribed for in presence of students of medicine who are desirous of availing themselves of the instruction of the medical officers; and those who are unable to leave their homes are visited by the physicians of the respective districts in which they reside, who are accompanied at each visit by a suitable number of their pupils. By this arrangement, the students have an opportunity of witnessing the compounding of medicines and performance of various minor operations of surgery every afternoon at the dispensary, and accompanying the visiting physicians to the bedside of patients in the forenoon.

The physicians are Drs. Reese, Tucker, Bryan, Page, Lewis and Stocker,—gentlemen well qualified for the stations they fill.

The obstetric department is under the supervision of Dr. Warrington, well known as an assiduous teacher and practitioner in that branch of our profession. The cases of labour are attended by the advanced students, who have the aid of Dr. W. or his assistant whenever they experience any difficulty or embarrassment.

Drs. Benedict, Reese and Neill, are associated also for giving "practical and clinical instruction and examinations," during the spring and summer months.

Their students have the opportunity of attending patients residing in two districts of the Guardians of the Poor, besides attending the clinics at the Philadelphia Dispensary in the afternoon. They also have cases of labor assigned to them, under the supervision of Dr. Benedict; and have the privilege of attending a course of Lectures by Dr. Reese on Diseases of the Skin, and a course on Diseases of the Eye by Dr. Neill.

Drs. Dunott and Waddrop, give lessons in Practical Anatomy, Surgery, and Surgical Anatomy, at their rooms, in College Avenue.

The physicians and surgeons of the Philadelphia Hospital (Blockley,) and of the Will's Hospital, visit these Institutions regularly on appropriate days, to prescribe for patients and give instruction to Students who attend for that purpose. The former is one of the largest Hospitals in the World, and consequently offers an extensive field for clinical study: the latter is devoted principally to Diseases of the Eye, and some cases of lameness. As an Eye Infirmary, it is probably the largest and best conducted in this country.

What arrangements exist for Clinical Instruction in the Northern and Southern Dispensaries, we are not advised, nor whether the Clinic lately opened at the University of Pennsylvania, will be continued during the summer season. At the Jefferson Medical College a Clinic is usually held by the Professors, throughout the year, to which *the pupils of the Institution* are admitted without charge.

In addition to all these we have two Associations for giving instruction of a more didactic character: viz. "The Medical Institute," founded by Professor Chap-



man twenty years since, and lately re-organized, and the "Philadelphia Medical Association," established last year. The advertisement of the former is on the cover of the Examiner, to which reference may be had for further information as to the Lecturers and the subjects taught, terms, &c. &c. The "Philadelphia Medical Association" consists of Drs. Bridges, Wallace, Smith, Meigs, Allen and West. Their course embraces the usual branches taught in Colleges, except the Practice of Medicine, which is not provided for.

#### PENNSYLVANIA COLLEGE.

We understand that Dr. David Gilbert, of Gettysburg, has been appointed Professor of Surgery, and Dr. Washington L. Atlee of Lancaster, Pa., Professor of Chemistry. The faculty is therefore now constituted of six professors, three of whom, we believe, are graduates of Jefferson Medical College. At the annual commencement held on the 4th instant, the degree of Doctor of Medicine was conferred on seven gentlemen, pupils of the Institution. We have received the "Valedictory Address delivered before the Graduates," by Professor Henry S. Patterson. It is a sensible and well written production, appropriate to the occasion.

#### JEFFERSON MEDICAL COLLEGE.

On another page will be found an account of the annual commencement of this Institution, held on the 20th inst. The Rev. Ashbel Green, D. D., L. L. D., President of the Trustees, conferred the Degree of Doctor of Medicine on one hundred and seventeen gentlemen. Last year the whole number of graduates was forty-seven, which is an increase of seventy, or more than twice that of the former year.

### RECORD OF MEDICAL SCIENCE.

#### MR. PAGET'S REPORT CONTINUED.

##### DIGESTION.

*Structure of the teeth.* Mr. Lintott has pointed out the fact of a regular and constant formation of a layer of bone or, probably, of imperfect ivory like what Mr. Nasmyth has called ossified pulp, within the pulp-cavity of the human tooth, after the age of twenty years, independently of any wearing down of the enamel. The layer is thickest at the orifice of the dental cavity, and gradually diminishes as it descends into it till it is lost upon the walls; its thickness increases with advancing age. He remarks also that the part which is by far the most frequent seat of the commencement of decay in the molar teeth is the groove which separates the tubercles of their crowns, and at which the operculæ (according to Mr. Goodsir) meet when the papillary is changed into the capsular stage of development. These grooves are first affected as regularly in the upper as in the lower jaw; as if they were from the first imperfectly developed: [that is, probably, they are liable to the imperfections of parts last formed, such as are often seen in the other lines of median or central fusion.]

*Salivary secretion.* Dr. Budge has found that after extirpation of the parotid, submaxillary, and sublingual glands in a dog and a rabbit, the secretion of saliva continued; its characters remained the same, and no function was disturbed. [The experiments add probability to the opinion that the labial, buccal,

palatine, and other glands which the experimenter left behind, are salivary glands.]

A case of a kind of metastasis of the salivary secretion is related by Dr. Roelants, and is interesting in its relation to the general physiology of secretion. A man, eighty-two years old, had an attack of bronchitis, with fever, followed by suppuration around and probably in one of the parotid glands. The abscess was opened, and two months after a large mass of chalk-like substance was discharged. The abscess soon healed, and he recovered his health; but now, whenever he masticates, saliva flows freely from the skin of the cheek and temple of the side formerly diseased. As soon as he begins to eat, the skin becomes very full of blood, and hot; and gradually drop after drop of clear fluid, with all the characters of saliva, collects on its surface, and runs down the cheek and neck, and continues to do so just as long as he continues eating. His health is not disturbed, and the saliva-secreting surface of the skin is natural in its texture.

*Anatomy of the pharynx.* Professor Mayer of Bonn described some time ago a *bursa pharyngea* in many mammalia. He has since found it several times in men. It lies in a corresponding position to that which it occupies in the mammalia, namely, in the middle line in the mucous membrane covering the body of the sphenoid bone, just behind the posterior border of the vomer. It is sometimes large enough to hold a cherry-stone, and in one case was double. He thinks it probable that in other mammalia, in which the bursa is larger, it may sometimes communicate with the sphenoidal sinuses.

*Functions of the stomach.* MM. Sandras and Bouchardat, assuming that, in general, dissolved substances are absorbed by the veins of the stomach, while those that are insoluble are taken into the lacteals, believe that they have proved that the chief classes of aliments are thus disposed of: 1. Fibrin, albumen, caseum, gluten, and the gelatinous tissues are dissolved by the aid of hydrochloric acid; [and, probably, of pepsin.] A mixture of six parts of this acid with 10,000 of water they found sufficient to make all these principles swell up into translucent masses, and sometimes to dissolve them. 2. The starchy and saccharine principles are converted wholly or in part into lactic acid, and in that form are absorbed in the stomach. 3. The fatty matters are insoluble, and pass into the intestines, where they are taken up by the lacteals, and form the greater part of the chyle. The experiments which were performed to confirm these opinions before the reporters to the Institute did not succeed well; but if they had done so it would still be hard to explain how the albumen and fibrin can be formed in the chyle from fatty matter alone. Still that some of the starch of food may be transformed and absorbed in the stomach is confirmed by the experiments of Dr. Percy. These make it probable, 1, that sugar is formed in the stomach by the digestion of starch or wheat flour, though neither these experiments, nor any others yet performed, can afford demonstrative evidence of it; 2, that the dextrin into which the starch is first transformed may be at once absorbed, so as to reduce the quantity of sugar which is formed; and 3, that the sugar which is formed must be quickly further changed or absorbed. The latter is the more probable conclusion, and best accounts for the very small quantity of sugar which is ever found after feeding on starch. Lastly, Dr. Percy suggests, that in the cases in which Dr. McGregor found sugar in the stomachs of those diabetic patients who for several days had had only animal food, it might be formed by the oxydation of the fat which is



constantly being absorbed from the body during emaciation.

*Composition of the bile.* Dr. Kemp, by careful elementary analysis of the bile of the ox, has corroborated Demareay's opinion that it is essentially a true chemical compound of an electro-negative body with soda. But he holds that this body is neither the *choleic acid* of Demareay, since it is not precipitated from the soda by acetic acid, nor the *bilin* of Berzelius, because it is not precipitated from the soda by carbonic acid. He has therefore given it the name of *bilic acid*. It has a peculiar bitter-sweet taste, and in mass resembles a fine resin. It is soluble in every proportion in water. In a subsequent paper he has shown that a much greater difference than is usually imagined is effected in the bile while in the gall-bladder. Bile from the hepatic ducts of an ox was destitute of the bitter taste of cystic bile; its smell also was different. It chiefly consisted of two different electro-negative bodies, separable by alcohol, and each combined with soda.

#### ABSORPTION.

M. Lacauchie describes the intestinal villi as possessing during life a power of alternately retracting and elongating themselves by a kind of vermicular motion, which he believes to be influential in the propulsion of chyle. And his account, so far as these movements are concerned, is confirmed by MM. Gruby and Delafond, who have observed them in the recently-slain horse, dog, and rabbit. They add that besides the movements of retraction and elongation, the villa are capable of moving laterally in all directions, and that their epithelium-cells bear cilia.

Some experiments by Dr. Behr may serve, perhaps, to explain somewhat of that which was supposed to depend on an elective power of absorption possessed by the lymphatics, and certainly have added much to the probability that the force by which the lymph is carried along the lymphatics is that of the contraction of their walls. It has been long known that the lymphatics will not convey certain substances, especially narcotic poisons, while they do carry others. If, for example, the animal's abdominal aorta be tied so as to stop the circulation in its posterior extremities, and ferrocyanate of potass be inserted in a wound in one of them, it is absorbed and carried into the blood by the lymphatics, and is found again in the urine. But if, under the same circumstances, a narcotic poison is put in the wound the animal is not killed by it; and it was supposed that the lymphatics in this exercised some kind of choice. The results of Dr. Behr's experiments are these: 1. Acetate of strychnine was introduced into a wound in an animal's leg, while the circulation was uninterrupted, and death, with convulsions, &c., occurred in five minutes. 2. Ferrocyanate of potass was introduced into a similar wound, and ten minutes after acetate of strychnine into another wound: in four minutes the animal died of the poison, and the ferrocyanate was found in the urine. 3. The same substances were introduced together into a wound in the leg: the animal died poisoned, and even sooner than before, and the salt was found in the urine. 4. The abdominal aorta was tied below the renal arteries and when the hind limbs were paralysed, the acetate of strychnine was put into a wound in one leg and the ferrocyanate of potass into a wound in the other. After two hours and a half there were no signs of poisoning, but on killing the animal the salt was found in the urine. 5. The abdominal aorta was tied as in No. 4, and the acetate of strychnine and ferrocyanate of potass were introduced into the same

wound. The animal showed no signs of poisoning, and the salt could not be found in the urine. This last experiment was several times repeated, and, with unimportant variations, with a constantly similar result. It would follow, therefore, that when the circulation in the blood-vessels is stopped, the lymphatics can absorb and convey to the blood ferrocyanate of potass, but not acetate of strychnine; and that when the two substances are applied to them together it can absorb or carry neither. Hence it is supposed that the force by which the lymphatics convey fluids is that of the contraction of their walls, and that they are paralysed by the direct contact of narcotics, as other involuntary muscles are.

Mr. George Robinson has related some experiments in evidence that the absorption of blood-vessels depends on a force generated by and proportioned to the velocity of the blood which is moving in them. He compares it to that force with which water or any other fluid traversing a main tube will draw fluid through a side branch, even against the weight of a considerable column. He has often repeated this well-known experiment, and has added proof that the same force will act in the same way through one or more membranes. Having filled a wine-glass with coloured fluid, and having connected its contents, (by means of a bent tube twelve inches long and 1-14th of an inch in diameter, and having one of its ends covered with membrane,) with the interior of a pipe half an inch in diameter, he found that within five minutes after the stream had begun to flow rapidly through the last-mentioned pipe, the whole of the air present in the smaller tube was absorbed, and its place supplied by the coloured fluid, which had risen from the glass. In another experiment the fluid from the glass was raised through a shorter tube to the membrane, and was made to flow in a slow but constant stream towards the fluid, passing through the larger pipe.

#### ORTHOPÆDIC CONTROVERSY IN PARIS.

A very angry dispute has, for some time past, been going on between M. *Guerin*—the orthopædist (par excellence) of the French metropolis—and M. *Malgaigne* and some other members of the French Academy, relative to certain statistical reports of alleged cures of various deformities, communicated by the former gentlemen to the Bureau des Hôpitaux. Many of his *confreres* had long suspected that the doctor of the establishment of La Muette, (near Passy, we believe,) in his overflowing admiration of subcutaneous Myotomy and Tenotomy, must surely have somewhat exaggerated the marvellous success which attended all his operations. Wry-necks, crooked backs, bent knees, club-feet, stiffened fingers and toes—not to mention squinting and various other kinds of deformity—seemed to be got rid of in a twinkling, and scarcely ever did we hear of a case that was not cured. Our readers are aware that M. *Guerin* is not only very adroit, but also most persevering and courageous, in carrying out his brilliant 'decouverte' (invention, we should rather call it,) of dividing muscles and tendons, without making more than a puncture through the integuments. On one occasion he divided no fewer than forty muscles or tendons in a single case, and the result was, as a matter of course, that the patient was 'parfaitement guéri.' The success of his operations was so unvarying, that many of the medical men of Paris began to have their doubts as to the complete veracity of the reports; and M. *Malgaigne* in particular seems to have set about a strict enquiry, with the view of ascertaining the exact state of the question. His statements are certainly



far from being in accordance with the assertions of M. Guérin. Many of the cases reported as cured have been, it is said, scarcely, if at all, benefited by the treatment adopted at La Muette; and, in several instances, the same patient figures more than once on the successful list. We need scarcely allude to another charge that has been brought by some against M. Guérin. It is alleged that many of the gratuitous patients, sent by the Bureau des Hôpitaux to the Doctor's establishment, have been made to pay for the plaster-moulds that have been taken of their deformities and the apparatus which have been supplied, and that M. Guérin has been no loser on these occasions. As we have no opportunities of knowing the truth of this charge, it is better to keep it entirely out of our view, and to confine ourselves solely to the medical part of the accusation. We were not, we must confess, at all surprised when we first read of the charge of bad faith being brought against the orthopædic doctor.

There has always been such extravagance in his published reports, such unheard of success in everything that he set his hand to, such marvellous cures effected by a *coup-de-main*, and withal such silly affectation of scientific profundity, that we long ago settled in our own minds that all that he said was not gospel. That his reports of successful cases have unquestionably been *inaccurate*, cannot, we suppose, be now denied. He may indeed have imposed upon his own credulity, and it may be that thus he has been unconsciously led to mislead the minds of others by his statements. But then there has been all throughout so loud and magniloquent a boasting, that we almost hesitate to give him the benefit of this charitable interpretation.

While unwilling to exculpate M. Guérin from, at least, the charge of most unworthy indiscretion, we must lay part of the blame to the charge of the Royal Academy itself, as some of the practices, connected with the proceedings of this learned body, have always appeared to us to open the door for much accidental, if not wilful misstatements. We allude more particularly to the common occurrence of members reporting cases, while still under treatment. Nay, not only this; but, every now and then, we read of successful operations being pompously announced on the very evening perhaps of the day on which they were performed. Sometimes indeed the case is rendered still more dramatic, by the patient being exhibited to the Academy before and after the surgical treatment—all seemingly for the purpose of giving the operator, and the other members, an opportunity of saying something about themselves.

M. Guérin, as might be imagined, is especially fond of such exhibitions. For example, we find, in the account of the proceedings of the Academy on the 18th of July last, that he exhibited a patient, affected with lateral deviation of the spine, on whom he had a few days before performed the operation of tenotomy. "I have," said he, "in this case, divided the *longus dorsi* and part of the *sacrolumbaris* on the right side, and the spinal portion of the *longus dorsi* on the left. As the patient, at the present moment, wants part of the muscles that are necessary for the act of standing, he requires to be supported." "The section of these muscles," the learned doctor continued, "not proving quite sufficient in itself for rectifying the deformity, it is necessary in this case to have recourse to an apparatus, for the purpose of keeping the parts in a normal attitude. Here, therefore, we must act, as we do in cases of club-foot, where we first divide the tendons that are at fault, and afterwards retain the limb motionless and in a proper position for some time.

I repeat that this patient is not yet cured, and that I have exhibited him only to prove how innocuous the operation of tenotomy is, and to shew its immediate effects." So much for the *show-man*; now for the remarks of some of his auditors. M. Bouvier (a rival orthopædic doctor, we believe) gets up and tells the learned Academy that all, that M. Guérin has been saying, is mere fudge; that the patient is not a whit benefited by having had his dorsal muscles cut; and that all the *seeming* improvement in the straightness of the back is altogether owing to the person being shewn off in the reclining position.

As a matter of course, human endurance cannot bear such scandal. Up starts the operator, and denounces, as so many falsehoods, the observations of his learned *confrère*. At the same time, he gives vent to certain pathological axioms on his favourite subject, which we cannot do better than give in his own words.

1. "I regard," says he, "that lateral deviation of the spine is a sub-luxation of the vertebræ, and therefore remediable only in one way, by effecting a certain reduction of the displacement in question;—2, that this reduction is indispensable to neutralise, in part, the influence of the vertical action of the weight of the head and upper part of the body;—3, that, in this respect, deviation of the spine is exactly in the same condition as club-foot, which does not become rectified of itself after the division of the contracted tendons, but which requires to be kept mechanically extended afterwards for some time."

The analogy, which M. Guérin here seeks to establish between lateral deviation of the spine and club-foot, is, in our opinion, quite faulty and fallacious. There is no permanent contraction of any of the muscles in the former disease, as there is unquestionably in the latter. Is not the mere fact of the curvature *redressing* itself when the person is in the horizontal position, and therefore when all the weight of the head and neck is withdrawn from the weak spinal column, a sufficient evidence of this fact? We think it is.

Club-foot is never the result, as far as we know, of weakness in the affected part. But it is unnecessary to say more on this subject at present, as the pathological reasonings of M. Guérin are much less likely to be adopted than his manipulations. His practice of dividing some of the spinal muscles has been tried by one or two surgeons in this country; and, it may be, with a certain amount of success in a few cases. But we must protest against the operation being at all applicable, in a general point of view, to the treatment of lateral curvature of the spine; for the practice is based on erroneous principles, and cannot therefore be successful in the majority of instances.

What has been said above will serve, among other examples, to guard the medical reader from hastily yielding his belief to all the bold assertions of popularity-hunting doctors, whether in our own country or on the continent. There is no end to clap-trap novelties in our profession. On the one hand, we have men who cure all deformities, whether of the eyes, or the limbs, or the back, by cutting muscles and tendons, and would make us believe that stammering and deafness may be got rid of almost *instantly* by snipping off a bit of the uvula or tonsils—(by the bye, what is Mr. Yearsley doing now-a-days?)—and on the other, we have at the present moment quite a bevy of *claqueurs*—including metropolitan surgeons, and Irish-dubbed knights—discoursing most learnedly on the merits of Hydropathy, and hospital physicians and country parsons proclaiming the wonders of Animal Magnetism.

Truly this is the age of rampant quackery; and



high time it is that those, who value the dignity of professional credit, should unhesitatingly denounce the folly or the knavery—for assuredly it is one or the other—of all such practices.—*Lond. Medico-Chirurgical Review*, Jan. 1844.

#### NEURALGIA OF THE URETHRA.

A woman, thirty-two years of age, mother of four children, suffered for eight months from pain at the lower part of the abdomen, with scalding on making water, and a constant sense of titillation at the orifice of the meatus. The pain became so severe as to prevent the patient from sleeping. The bladder was examined, but no sign of calculus found. Various remedies were tried without effect. Two issues, with the Vienna caustic, were now made over the hypogastric region. The patient had tepid baths, containing two drachms of the sulphate of potass, and some pills composed of hyosciamus and extract of lettuce. This mode of treatment effected a cure.—*Bordeaux Journal*.

#### TIC DOULOUREUX OF THE FACE AND HEAD.

M. Ducros recently communicated to the Academy the details of some well marked cases of this distressing disease, which were rapidly cured by the use of strong ammonia, applied to the palate, gums, &c. with a camel-hair brush, so as to occasion a profuse discharge of tears and saliva. He requested the physicians of several of the metropolitan hospitals to repeat his experiments on a large scale; and the results of their trials have been, he says, most satisfactory.

(The strong Aqua or Liquor Ammonia, taken internally, will be found to be a most valuable remedy in many cases of neuralgic suffering about the face and head, odontalgia, severe nervous headache, &c. The best mode of administering it is to mix from 20 to 40 drops in a cupful of very thick gruel, and to take this at bed-time, or whenever the paroxysm of pain is present. The ammonia must be well blended with the gruel, else it will irritate very painfully the inside of the mouth and throat. It should produce profuse salivation and lachrymation. In very severe or obstinate cases, it may be applied outwardly at the same time.)—*Medico-Chirurgical Review*.

#### ON YELLOW BARK.

From a variety of experiments performed by Mr. Battley, the following conclusions are drawn.

1. Bark will yield to cold distilled water all its constituents except starch and woody fibre, some earthy salts, and a small portion of tannin and quinine, which can only be separated from the tissue by means of an acid.

2. 28 lbs. of yellow bark will yield from 5 to 6 lbs. of concentrated liquor, sp. gr. 1200, containing about 10 oz. quinine; the aroma and the greater part of the tannin and iron, and the peculiar acid of bark, of which only a small portion is lost, forming an inert salt with lime.

3. To form this liquor it is only necessary to subpulverise the bark, and macerate it from four to six hours in twice its weight of cold distilled water, repeating the process twice or at most thrice; to concentrate the infusions over a water-butt to sp. gr. 1200, and allow the liquor to deposit the gummy matter and so much of the tannin as it cannot retain in solution.

To separate the gum that may still remain in the

liquor, and to prevent any decomposition, proof spirit is added to it, until the sp. gr. of the liquor is reduced to 1100. The quinine still remaining in the bark, may, if it be thought desirable, be separated by acetic acid, and precipitated from its solution by ammonia; and being redissolved in a small quantity of dilute acetic acid, may be diffused in the liquor.

The advantages of this medicine are—

1. That it contains not one, but all the active principles of yellow bark.

2. That the greater part of the quinine is preserved in its natural state in combination with the peculiar acid of bark, in which it is more soluble than in sulphuric acid.

3. That the active principles have undergone no change, either in the exposure to too great heat, as in the decoction, &c. or by being brought into too close contiguity, as in the extract, in which secondary formations take place to so great an extent that water is incapable of redissolving it.

4. That, containing no starch and little gum, it will remain unaltered for a great length of time.

5. That the quantity of spirit contained in a dose is too small to be objectionable.

6. That it is a convenient, agreeable, and elegant medicine, miscible with wine or water in any proportions.

The above is a pharmaceutical analysis of yellow bark; Mr. Battley hopes soon to present a chemical analysis, as well as a similar set of experiments on the cinchona lancifolia.—*Medico-Chirurgical Review*, from *Medical Gazette*.

#### UTILITY OF CALOMEL IN TYPHOID FEVER.

Drs. Lombard and Fauconnet, of Geneva, sum up an elaborate account of their experimental inquiries on this important point of practice in the following words:—

“Calomel diminishes the mortality of typhoid fever, and renders all its symptoms less severe, more especially those that indicate a disturbance of the nervous centres. It tends to abate the danger of any thoracic complications supervening, and, without being able to check them altogether, it causes them to be less serious in their consequences, as well as less frequent in their occurrence. It modifies and corrects in a very remarkable manner the condition of the alvine evacuations, and usually serves to diminish any diarrhoea, if present, and to bring all the secretions to a more normal state. It rapidly cleanses the tongue, and renders it and the mouth less parched; it dissipates tympanitic distention and colicky pains of the bowels, and appears to exercise rather a servicable than an injurious effect on the gastro-intestinal inflammation, which not unfrequently complicates typhoid fever.” Drs. L. and F. attribute the efficacy of calomel in this disease to its constitutional operation, rather than to any direct effects which it may have on the abdominal viscera. They remark, that there is almost always a decided amelioration of the symptoms, when the gums become slightly affected with the mercurial irritation.

(The observations of these gentlemen are in accordance with the general experience of most medical men in this country. Mercury seems unquestionably to exercise a very marked, and, in most cases, a very servicable influence on the course of typhoid fever. Its *modus operandi* is probably twofold; first, by correcting and evacuating the secretions of the bowels; and secondly, by altering and modifying the state of the circulating fluids, as well as the vital powers of the bloodvessels themselves. A favourite



Preparation with many practitioners is the Hydragryrum cum cretâ, either alone or in combination with carbonate of soda, ipecacuan, Dover's powder, &c. The use of this mercurial, at stated intervals—in doses of from four to eight grains, every six, eight, or twelve hours—with the exhibition of saline draughts between each dose, is, on the whole, by far the safest medication that can be resorted to in the majority of cases of low fever.)—*London Medico-Chirurgical Review*, Jan., 1844.

#### ON THE NERVES OF THE GRAVID UTERUS.

BY R. D. GRAINGER, ESQ.,

Lecturer on Anatomy at St. Thomas's Hospital.

I have derived great pleasure from examining the dissections of the uterine, vaginal, and vesical nerves, made by Dr. Lee. The trunk and branches of the sympathetic nerve being left, as well as the trunks of some of the sacral nerves, a satisfactory clue is afforded in the examination. The injections of the blood-vessels render a further and valuable aid in testing what are, and what are not nervous fibrils.

After carefully inspecting and examining these beautiful dissections, I have no hesitation in expressing my conviction that they bear out, fully and entirely, the delineations and descriptions published by Dr. Lee.

1. The preparations show an unequivocal continuity of fibres proceeding from undisputed nervous structures, the sympathetic and sacral nerves, to the newly discovered ganglia of the uterus, vagina, and ureter.

2. The nervous branches of the newly discovered ganglia join, in various directions, with acknowledged nerves, such as those of the inferior mesenteric plexus, furnishing the hæmorrhoidal nerves, and, with the spermatic nerves, descending on the uterus, from the folds of the broad ligaments.

3. The occurrence of small ganglia and gangliform enlargements on the newly discovered nerves, are very characteristic, and corroborative of their real nature.

4. The nerves are accompanied by injected blood-vessels in a manner that is not seen in elastic tissue, although usual with the ganglionic nerves.

5. The ganglia discovered by Dr. Lee present in their form and disposition, and in the openings which they possess, a perfect and entire correspondence with the larger ganglia of the sympathetic.

After the examination which I have made, it certainly appears to be impossible for any one to arrive at a just conclusion respecting the true character of Dr. Lee's description without a careful inspection of his preparations. It is proper to add that I have not yet had an opportunity of making a microscopical examination.—*Lon. Lancet*, Dec. 9, 1843.

As an instance of the love for manual operations may be cited a case occurring not long ago in a French Hospital. A woman in this establishment had arrived at her full term of gestation, and the pelvis appeared too narrow to admit of the egress of the child. The surgeon in charge of the patient proposed the Cæsarian operation, but a majority of his colleagues determined to postpone this for a period. Determined not to be balked, however, the surgeon resolved to perform the operation; though, fearing to fly alone in the face of the previous con-

sultation, he went to secure the presence and co-operation of a distinguished obstetric practitioner. Both soon arrived, bistoury in hand, at the bedside of the unfortunate patient. But nature had got the start of art. While the deliberations had been going on, so had labour, the result being a fine boy, who had preferred coming into the world by the old road.

*Ibid.*

#### DIFFERENT KINDS OF OPIUM.

According to Dr. O'Shaughnessy, Bengal investment opium (for the Chinese market) contains two and a half per cent. (by weight,) of pure morphia; Malwa opium, six per cent. ditto; Turkey opium, nine per cent. ditto; and garden opium (Patna) and Smyrna opium, ten and a half per cent. of morphia, each.

#### STARVATION FROM ENLARGEMENT OF THE GLANDS AT THE CARDIAC ORIFICE OF THE STOMACH.

In this singular case the enlargement of the glands in question prevented food from passing into the stomach, thereby inducing extreme marasmus and death.—Mrs. Kerit, aged fifty-three, for twelve months, or longer, had felt a difficulty in deglutition, the sensation being as though the food were stopped in its passage to the stomach; when it returned it was streaked with blood. Under these circumstances she came into the Colchester hospital, where she remained two or three weeks, and although, by taking fluid aliment frequently and in small quantities, she occasionally rallied, yet, it appearing evident that no permanent benefit could be received, she was removed home, and died in about a week or ten days.

The liver was enlarged, and a portion of the edge of the left lobe adhered to the cardiac orifice of the stomach. There were two or three tubercles in the liver, each about an inch in diameter, and of the consistence of cartilage. The mucous membrane passing from the œsophagus through the cardiac orifice of the stomach was thickened, and for two or three inches into the stomach it appeared to be raised from the level of the healthy membrane, so as to define the extent of the altered tissue. The glands at the cardiac orifice were enlarged.

It seems that the solid articles of diet accumulated at the seat of the stricture caused by the thickened membrane and the enlarged glands, the œsophagæal muscular fibres being thereby neutralized in their actions. When the food arrived at the constriction it would not pass beyond, and as hypertrophied parts are increased in sensibility, the irritation would, I apprehend, produce a contraction of the œsophagæal muscular fibres, beginning at the stricture and proceeding upwards; hence the food was regurgitated by mouthfuls, as it was swallowed!—*London Lancet*.

#### TENDENCY TO INSANITY AT CHILDBIRTH.

Parturition and delivery are not uncommon causes of temporary insanity. In accusation of infanticide against the mother temporary insanity may, therefore, be pleaded in defence, and in some instances be a perfectly valid ground of exculpation, the more especially as infanticidal mania is one of the most common forms in which temporary insanity manifests itself in connection with delivery. Rabbits, cats, bitches, swine, and some birds are peculiarly subject to have the maternal instinct to protect, converted into a furious passion to destroy their offspring. (See



Pierquin, *De la Folie des Animaux*, tom. ii.) Even in natural labour, especially in first births, the mental faculties are frequently affected. Moral or physical causes, either singly or combined, convert this unsettled state of mind into actual mania; and both causes are peculiarly apt to be in operation in unmarried mothers against whom charges of infanticide are most common.—*Dr. J. R. Cormach.*

#### INFREQUENCY OF PHTHISIS IN MARSHY DISTRICTS.

M. Ollivier (d'Angers), at the séance of the Académie de Médecine, Nov. 7, said that M. Nepple's researches in the infrequency of phthisis in marshy districts, were confirmed by what M. Brera said some years ago on the rarity of phthisis at Venice, a rarity which he attributed to the emanations of the lagunes. During a sojourn at Venice he endeavoured to verify this fact, and found that in the 1,200 or 1,400 patients admitted into the hospitals of that town in a year, there were only seven or eight cases of phthisis, the rest being for the most part cases of intermittent fever and rheumatism.—*Prov. Med. Jour. from Gaz. des Hop.*

#### A REMEDY FOR THE VOMITINGS OF EARLY PREGNANT WOMEN. BY PITSCHAFT, OF BADEN.

M. Pitschaft says he has discovered a remedy for the distressing vomitings which generally so much affect women in the early stages of pregnancy. His remedy consists of pills of creosote, henbane powder, and distilled water, one to be taken three times a day.—*Ibid from Ibid.*

#### TRIAL AND FAILURE OF NAPHTHA.

BY WM. H. RANKING, M. D., CANTAB.

When any particular medicine is vaunted for its success in the treatment of a disease usually considered to be incurable, it is but right that both sides of the question should be viewed with equal attention. As a *per contra*, therefore, to the two cases published in the *Lancet* (pages 216, 251,) as corroborative of the reality of Dr. Hastings' specific for consumption, I think it my duty to bring forward some instances of the utter failure of the medicine, (naphtha). In doing so I do not think it necessary to apologise for the empiricism of the proceeding, as I look upon confirmed phthisis as one of the very few diseases in which such practice can be justified. It is true that the cases in which I have hitherto employed naphtha were not very promising, but it was my determination, in testing the powers of the remedy, to exhibit it only in cases concerning the nature of which there could be no doubt. I have given it in eight cases—three females and five males. Of these, three are already dead, the remainder are still alive, but dying gradually. In five of these cases there were unequivocal signs of cavities in one or both lungs, with emaciation and copious purulent expectoration. In the other three the disease was not so far advanced; but besides the signs of tubercular deposit, crepitous and submucous râles, with the appearance of pus in the sputa, indicated that softening had commenced. In none of these cases could I perceive the most trivial benefit from the medicine; neither was the perspiration checked, as it is stated to be, as if by magic; nor were the cough and expectoration diminished. In two instances nausea was complained of, and every patient, without exception, implored its omission. I mention these cases, not to discourage others from trying naphtha, for I should, in common with every humane man, be happy to think that a check was at last

found for so fearful a scourge as phthisis, but to guard against a too confident reliance upon its powers. With regard to the cases published in the *Lancet*, Mr. Wilson will, perhaps, excuse my saying that his case is not an instance which can be taken as an unequivocal testimony in favour of naphtha. For, granting that there was tubercular disease at all, which the remark of one of the two "acknowledged stethoscopists" ("I think there is obstruction in the left lung, most probably crude tubercles") leaves somewhat doubtful, there are, at all events, no symptoms but those of the most incipient stage of the disease. The sound, on percussion, not decidedly dull, but only "duller" over the right infraclavicular space than over the left side, the intermitting cough without expectoration, indicate no more than the existence of scattered tubercles. Now this is a condition which is occasionally removed and more frequently suspended by the usual modes of treatment. No stress, therefore, can be laid upon the cure of such a case by naphtha. But if the disease has only been suspended by its use, and there is no evidence of its entire removal, the value of the case is still further diminished.

The other case (*Lancet*, p. 216) is worthless, for two reasons. In the first place, it is called phthisis in the *Lancet*, and chronic bronchitis in the *Medical Gazette*; and, in the second place, one portion of the narrative is flatly denied (*Lancet*, p. 80) by the physicians of the Colchester Hospital; so that a certain degree of doubt involves the whole. In conclusion, I repeat, that I have no object in this communication but to set the subject in a true light. The medicine is, perhaps, worthy of future trial, and such I intend to give it.—*Lon. Lancet*, Dec., 1844.

#### MICROSCOPIC EXAMINATION OF THE TARTAR OF THE TEETH.

Hitherto this calcareous incrustation has always been regarded as a mere inorganic deposit from the saliva; but M. Mandl has been led by his recent observations to adopt a very different opinion respecting it. According to this gentleman, the tartar of the teeth is almost entirely composed of the skeletons or cases of infusory animalculæ, agglutinated together by dried mucus; just as certain soils (so says the great German microscopic naturalist, Ehrenberg,) consist of fossil infusoria.

If a portion of the mucosity, which is adherent to the teeth, be mixed with a little water and heated, and then subjected to microscopic inspection, it will be found to exhibit a number of infusory animalculæ, which are in active motion. Their shape is identical with that of the animalculæ known by the name of *Vibrio*. The presence of living infusoria in mucosities was known to Leuwenhoek; but the fact seems to have been forgotten, until revived by M. Mandl. Having satisfied himself that they exist in the mucosities of the mouth, he set himself to ascertain whether they contributed to the formation of the tartar of the teeth; and he was not long of discovering that this substance chiefly, if not entirely, consists of dead vibrios cemented together by dried mucus. From this circumstance, may we not infer that these animalculæ are provided with an inorganic calcareous covering to their bodies?

It may be useful here to state, that, according to the analysis of M. Vauquelin, the tartar of the teeth consists, in the 100 parts, of 66 of phosphate of lime, 9 of the carbonate, 14 of animal matter, and 3 of oxide of iron and phosphate of magnesia.—*Medico-Chirurgical Review.*



# JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

At a Public Commencement, held on the 20th of March, 1844, the Degree of Doctor of Medicine was conferred on the following gentlemen, by the Rev'd ASHBEL GREEN, D. D., L. L. D., President of the College; after which a Valedictory Address was delivered by Professor MÜTTER.

	Subject of Theses.		Subject of Theses.
<i>Maine.</i>		James Steuart,	Erysipelas.
Samuel W. Blanchard,	De Natura Mulieris.	William W. Townsend,	Asthma.
Frederick Robie,	Water, its properties and effects.	Daniel A. Ulrich,	Anatomy of the Skin.
Franklin Scammon,	Measles.	Tracy E. Waller,	Dysentery.
Edward W. Southwick,	{ Relations of Chemistry to Physiology.	Alexander Wilcocks,	The Larynx and its functions.
<i>New Hampshire.</i>		Aaron Winder,	Manustupratio.
Simeon Sessions Dana,	{ Influence of the atmospheric air on human health.	John D. White,	Treatment of exposed dental pulp.
John D. Ford,	Nature and causes of Tracheitis.	Jacob L. Ziegler,	Puerperal Fever.
<i>Massachusetts.</i>		Samuel Morton Zulick,	Gonorrhœa.
Silas S. Brooks,	Diseases of the lachrymal organs.	<i>Delaware.</i>	
John M. Harlow,	Counter-Irritation.	Joseph P. Colgan,	Abnormal Anatomy of the fœtus.
Joseph H. Haskell,	Cholera Infantum.	Louis W. Hayes,	Defectio Animi.
<i>Connecticut.</i>		<i>Maryland.</i>	
William W. Rodman,	{ Agency of the sun and moon in periodicity.	Edward M. Hardcastle,	Tight Lacing.
<i>New York.</i>		Reginald N. Wright,	Rubeola.
Samuel Gordon Bailey,	On Prescribing.	<i>Virginia.</i>	
Thomas Fitch,	On the Pelvis.	John S. Bayn,	Scrofula.
<i>New Jersey.</i>		James M. Barclay,	Mesmerism.
George W. Allen,	Acute Hepatitis.	Thomas J. Buffington,	{ Physical Diagnosis in diseases of the heart.
John W. Barcroft,	Influence of the Mind.	Samuel Harris,	Acute Pleurisy.
Nelson Burr,	Dysentery.	William Travis Howard,	Pneumonia.
Samuel F. Fisler,	Obstipatio.	William R. Johnston,	Iodine.
John B. Gilman,	Intermittent Fever.	John E. Moore,	Febris Intermittens.
James Risley,	{ Inflammation of the mucous membrane of the stomach.	Thomas J. Owen,	Rubeola.
A. Dickinson Woodruff,	Remittent Fever.	William B. Paxton,	Influence of smoking on the mind.
Granville S. Woolman,	Practical Obstetrics.	Robert A. Phelps,	Emesis.
<i>Pennsylvania.</i>		William T. Prentis,	Human Entozoa.
James Rush Anderson,	Diagnosis of Typhoid Fever.	John P. Tabb,	Causes of Death.
Elisha J. Baily,	Dysentery.	William Upshaw,	Variola.
Wilson Baily,	Puerperal Fever.	Michael Wallace,	Apoplexy.
Peter G. Bertollette,	Hygroma Patellæ.	Samuel E. Wills,	Anasarca.
Charles H. Bressler,	Influence of the Teeth on health.	<i>North Carolina.</i>	
George W. Brown,	Inflammation.	Richard B. Haywood,	Craniotomy.
William H. Burr,	Cynanche Trachealis.	George H. Mitchell,	Laryngitis Membranacea.
Archibald B. Campbell,	{ The heart and its functions as an evidence of design.	Thomas B. Powell,	Cynanche Trachealis.
John S. Carpenter,	Puerperal Convulsions.	William E. Wood,	Eclectic treatment of fever.
Henry T. Child,	Scrofula.	<i>South Carolina.</i>	
John Conrad,	Cystitis.	William Furse,	Dyspepsia.
John Cox,	Neuralgia.	Benjamin W. Seabrook,	Dyspepsia.
Edward Cronin, Jr.	Scarlatina.	William James Woods,	Acute Hepatitis.
Albert S. Cummings,	Diseases of the Heart.	<i>Georgia.</i>	
Gordon Z. Dimock,	Acute Endocarditis.	Reuben S. Callaway,	Albuminuria.
Thomas W. Drake,	On Inebriating Liquors.	William W. Durham,	Amenorrhœa.
William P. Esrey,	Nicotiana Tabacum.	Henry H. King,	Cholera Infantum.
Josiah Haines,	Hernia.	N. Watkins Riddle,	Puerperal Fever.
William H. Hanly,	Acute Peritonitis.	<i>Tennessee.</i>	
Abraham Harshberger,	Internal Hernia.	Plummer W. Dawson,	Remittent Fever.
Daniel Henderson,	Hæmoptysis.	<i>Alabama.</i>	
James S. Hill,	Typhoid Fever.	William L. Antony,	Yellow Fever.
John R. Hoskins,	Bloodletting.	Courtney J. Clark, M.D.,	Use of cold water in Fevers.
Joseph Hannon,	Intermittent Fever.	John F. Miller,	Coxalgia.
Samuel B. Irwin,	Pneumonia.	<i>Mississippi.</i>	
Samuel Keneagy,	Animal Magnetism.	Samuel Emanuel,	Remittent Fever.
Philip H. Lang,	Asphyxia.	Zachariah B. J. Griffing,	Pleurisy.
John Martin,	On Physiology.	George H. Thornhill,	Ultimate Fibres.
Joseph Moyer,	Puerperal Fever.	<i>Kentucky.</i>	
Joseph M. McClure,	Scarlatina.	Amzi Martin,	Primary Syphilis.
Daniel L. F. Oatman,	Intermittent Fever.	<i>Ohio.</i>	
Adrian V. B. Orr,	Scarlatina.	Harvey C. Johnes,	Monstrosity.
Edward Parrish,	Cataract.	John S. Kuhn,	Erysipelas.
Albert Pearson,	Dysentery.	<i>Indiana.</i>	
William A. Piper,	{ Epidemic disease of Buffalo valley, in 1843.	Benjamin A. Allison,	Abuse of Cathartics.
Francis B. Poley,	Discrepancy of medical testimony.	James Darwin Maxwell,	Rubeola.
John R. Quinan,	{ Origin, progress and present state of Medicine.	William P. Sunderland,	Milk Sickness.
John S. Spriggs,	{ Sedative and febrifuge effects of Antim. et Pot. Tart.	Charles S. Weever,	Typhoid Fever.
George King Smith,	{ Comparative mortality of measles and Scarlet Fever.	<i>Michigan.</i>	
<i>Azariah B. Shipman, M. D., of New York, was admitted to the ad eundem degree of Doctor of Medicine in this Institution; and the Honorary Degree of Doctor of Medicine was conferred on Dr. Isaac Winters and Dr. Rolph C. Marsh, of Pennsylvania.</i>		Edmund G. Desnoyers,	De Hymene.
<i>TOTAL, 117.</i>		<i>St. Thomas, W. I.</i>	
		Baron J. F. Von Bretton,	On Regimen.

R. M. HUSTON, M. D., Dean of the Faculty.